

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16320
State File No. 1935
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1935</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>non resident</u>		c. CITY OR TOWN <u>Kansas City, Missouri</u>		d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? <u>Yes</u>		No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>				e. STREET ADDRESS (If rural, give location) <u>212 S. Ash</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gladys</u>		b. (Middle) <u>A.</u>		c. (Last) <u>DeKesel</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>2</u>		(Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 4 - 1892</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook Caterer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motor mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Stahl</u>		13b. MOTHER'S MAIDEN NAME <u>Euphemia Somerville</u>		14. NAME OF HUSBAND OR WIFE <u>Robert W. DeKesel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-01-4183</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford N. DeKesel</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Fracture of Ribs contusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Fractures Heart & Lungs</u>	
		DUE TO (c) <u>Bilateral Hemorrhage</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>			
21d. TIME OF INJURY <u>5-2-56 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No car collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <u>Hugh H. Owbits</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1834 Parkside Blvd</u>		23c. DATE SIGNED <u>5-4-56</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 4 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>Wes Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Roland G. Speaks Indep.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 4 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indep. 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.